This month in wjm

There are worrying trends in the diet of US teens

The diet of teenagers is an important determinant of their subsequent risk of cardiovascular disease and cancer. Cavadini and colleagues examined adolescent food consumption from 1965 to 1996. An analysis of dietary intake data from 4 nationally representative US surveys of 11- to 18-year-olds showed an increase in the consumption of soft drinks and a decrease in the consumption of raw fruits, nonpotato sources of vegetables, and calcium-rich dairy sources. On p 384, Stang discusses the clinical implications of these trends.

Recreational drugs have serious cardiac side effects

Whereas the neurologic complications of substance misuse are well recognized, few physicians are aware of the cardiac risks. On p 412, Nolan and Ghuran review the cardiac and circulatory changes that these drugs can induce. For example, cocaine, amphetamine, and "ecstasy" can cause hypotension, myocardial infarction, and arrhythmias. All physicians, they say, should suspect substance misuse in any patient with unexplained cardiovascular symptoms.

Constipation has had a historic hold over the public mind

Earlier this year, an article in *The New England Journal of Medicine* shocked the US public. High-fiber cereals were found to have no protective effect against colorectal adenomas. Is this the end of the "high-fiber feeding frenzy"? Probably not, argues Whorton in his witty account of bowel irregularity through the ages (p 424). Constipation has long been thought to cause self-poisoning, he says, and this belief will be hard for society to give up.

Ritalin is prescribed as a "quick-fix" solution

Ritalin (methylphenidate) is in the news again, this time because of allegations that the pharmaceutic industry conspired with psychiatrists to heavily market the drug for attention deficit disorder. Is the disorder being overdiagnosed because of industry pressure? On p 366, Diller argues that pharmaceutic handouts for research and advertising—first to physicians and now to families—has had a huge influence. It is easier for physicians to prescribe a drug as a "quick fix," he argues, than to work with families and schools to address behavioral problems.